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INFLUENZA LAB SUBMISSION - Page 1 of 3

Indiana State Department of Health

State Form 52419 (R2 / 7-07)

Instructions: Please read before completing this form**1** Fill in circles like this: ●

Not like this: ✗ ✓

Mark mistakes like this: ✗

2 Print capital letters only

and numbers completely

inside boxes:

A B C 3

3 Please complete
all items on form.**Section 1. Demographic Information**

Last Name _____ Authorization Code _____

First Name _____ MI _____ Phone Number _____

Number & Street Address _____

City _____ State _____ ZIP Code _____

County _____ Date of Birth (mm/dd/yyyy) _____ Age _____

Race:

- ☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

- ☐ White
☐ Other/Multiracial
☐ Unknown

Ethnicity:

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Sex:

- ☐ Male ☐ Female ☐ Unknown

**Is Age in
day/mo/yr?**

- ☐ Days
☐ Months
☐ Years

Occupation _____ Phone # of Employer/School/Care Facility/Institution _____

Institution Resident ? ☐ No ☐ Yes Institution Type ☐ Prison ☐ Nursing Home ☐ Other (specify) _____Name of ☐ Employer ☐ School ☐ Care Facility ☐ Institution _____

Address of Employer/School/Care Facility/Institution _____

City _____ State _____ ZIP Code _____

Section 2. Clinical Information**Specimen Information: Use a separate form for each Specimen**☐ Nasopharyngeal Swab ☐ Isolate (type) _____

Date of Collection (mm/dd/yyyy) _____

Date of Illness Onset (mm/dd/yyyy) _____

Is Patient Immunocompromised? ☐ Yes ☐ No

Clinical Diagnosis _____

Rapid Test ☐ Positive ☐ Negative ☐ Not Performed**Initial Typing** ☐ Type A ☐ Type B ☐ Type A/B

Date of Rapid Test (mm/dd/yyyy) _____

Vaccination Date (mm/dd/yyyy) _____

Vaccine Type ☐ Killed Vaccine ☐ Attenuated Vaccine/Flu Mist
Number of Doses ☐ 1 ☐ 2**For ISDH Lab. Use ONLY**

Date Received (mm/dd/yyyy) _____

Place Label
here

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Section 2. Clinical Information (continued)

Doctor/Clinic Name

Establishment Name

Number & Street Address

City

ZIP Code

Phone Number

Fax Number

Sentinel #

E-Mail Address

Patient Received/Receiving Antivirals? ☐ Yes☐ No

If Yes, Date Administered (mm/dd/yyyy)

Antiviral Administered

State of Illness ☐ Symptomatic☐ Asymptomatic

(If patient is symptomatic, please check all signs/symptoms that apply)

General Symptoms

☐ Fever☐ Headache☐ Sore Throat☐ Cough☐ Myalgia

CNS

☐ Encephalitis☐ Meningitis

Ocular

☐ Conjunctivitis☐ Chorioretinitis☐ Blurred Vision

Exanthema

☐ Maculopapular☐ Papular☐ Hemorrhagic☐ Vesicular☐ Petechial

Respiratory

☐ Common Cold☐ Acute Resp. Dis.☐ Bronchitis☐ Pneumonitis☐ Pharyngitis☐ Upper Resp. Inf.

Gastrointestinal

☐ Nausea☐ Vomiting☐ Diarrhea☐ Gastroenteritis

Cardiovascular

☐ Myocarditis☐ Pericarditis☐ Endocarditis☐ Cardiomegaly

Fever Temp (degrees F)

Other Symptoms (please specify)

Section 3. Risk Factors

Recently Traveled to/from

Date of Departure (mm/dd/yyyy)

Date of Return (mm/dd/yyyy)

Patient Contact with (check all that apply):

☐ Birds☐ Animals☐ Family☐ Community☐ Resp. Disease Outbreak

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The purpose of this program is to conduct enhanced surveillance for influenza and other respiratory viruses in the State of Indiana. Patients presenting with an influenza-like illness, defined as: fever greater than 100° and either cough or sore throat, should be selected for laboratory testing at the ISDH each week. The nasopharyngeal swabs collected for isolation should be **collected within 72 hours of onset of symptoms.**

You do not need to collect from every patient. Use your professional judgment to collect up to 4 specimens each day, Monday through Thursday, to send to the ISDH Labs.

STORAGE AND STABILITY:

- 1) Immediately upon viral isolation kit receipt, remove and freeze the refrigerant pack.
- 2) Store the cardboard box with the Styrofoam container and all the other components at room temperature until needed.
- 3) Do not use the transport medium beyond the expiration date. If your transport medium has expired, please discard and contact the ISDH Container Department at 317.921.5500 or e-mail (containers@isdh.IN.gov) to request a new lot number.

SPECIMEN COLLECTION:

- 1) The nasopharynx is the collection site of choice. Use the small swab on the stainless steel shaft for collecting the nasopharyngeal specimen.
- 2) Using aseptic technique, peel back the swab package and remove the swab.
- 3) Take a vigorous sample and place the swab in a tube of transport medium. Break off the shaft at the score and **secure the lid tightly.**
- 4) Label each tube with the patient's name and the collection date.
- 5) Complete an Influenza Lab Submission form for each specimen. Make sure the clinic address is complete.
- 6) Under refrigeration, promptly send to the laboratory for immediate processing. Remember to send specimens Monday through Thursday only.
- 7) Refrigerate the specimens if storing overnight. **Holding the specimens longer than 24 hours will decrease the chance for influenza isolation.**

TRANSPORTATION:

- 1) Wrap the specimen(s) in an absorbent pad and secure all specimens in the Ziplock-type bag.
- 2) Place the completed Influenza Lab Submission form(s) in the liner of the bag and enclose with the frozen pack in the Styrofoam container. Secure the box with packaging tape.
- 3) Complete the sender information on the FedEx Air Bill and affix the air bill to the box and call FedEx for pickup.

ISDH Contacts:

Laboratory: Phone 317.921.5500 - Fax 317.927.7804

Epidemiology: Shawn Richards 317.233.7740 - Fax 317.234.2812

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